

the prostration after each relapse was marked, and the patient lost weight between February 4th and March 1st, to the extent of 1 st. 10 lb.

It will be seen that the difficulties of clinical diagnosis, to which we have drawn attention, were increased by the irregular intervals between the relapses, the shortness of the pyrexial periods, and, at one time, by the apparent reaction to quinine. The case appears, therefore, to emphasize what we have already said, not only as to the difficulty but as to the importance of diagnosis by the microscope.

[NOTE.—To this paper was attached a number of carefully-kept clinical charts, the publication of which is, however, unnecessary, since the usual cause of the pyrexia is sufficiently explained in the text.]

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

#### THE OPENING OF PERITONSILLAR ABSCESES.

THAT the most suitable position for reaching the pus in a peritonsillar abscess is not generally recognized was forcibly brought to my mind, about eighteen months ago, when on taking my seat for the viva voce examination in surgery held for an M.D. for general practitioners I was asked by a leading London surgeon, "Where would you open a quinsy?" and upon my replying, "Through the soft palate above the anterior pillar of the fauces," the expression on the examiner's face, and his exclamation of "Where?" was not at all calculated to give one the idea that he was going to have a pleasant ten minutes at the surgery table. A little further explanation on my part, however, made all go smoothly. The knowledge of the "site of election" I obtained from a short article by Mr. R. Lake in the *Medical Annual* for 1898. I have always, however, used a vertical incision, and provided one keeps well outside the vertical line of Dr. StClair Thomson, the operation is a very successful one—one might say, one of the most successful minor operations, from the patient's point of view especially, which falls to the lot of the general practitioner. Another very important point is also brought out in this article—namely, that the hæmorrhage so much dreaded is doubtless often due to timid procrastination, allowing the arterial wall to become so softened that it ruptures at the moment external pressure is reduced.

Alresford, Hants.

F. W. JOLLYE, M.D., F.R.C.S.E.

#### ENTERECTOMY AT TWELVE HOURS OLD: RECOVERY.

I CAN find no record of enterectomy at such an early age and think this must be the earliest on record. On February 19th, 1905, a midwife reported that a child had just been born with meconium coming away from the umbilical cord. I found a fistula the size of a crow's quill about 1 in. from the umbilical aperture in the side of the cord exuding meconium.

The same day, without anaesthetic, I slit the cord longitudinally, exposing a blind finger-like process of intestine with the fistula in its side. On drawing it out of the umbilical aperture it was found to be about 2 in. long and to come from the caecum; the intestine on either side of it was so narrow that I did not think it capable of maintaining the alimentary passage. I excised the narrowed intestine and joined the large to the small intestine by lateral anastomosis, closing the end of the large intestine. The intestine was returned into the abdomen and the umbilical aperture closed after removal of the umbilical cord.

The child was very sick for two days, but meconium escaped from the anus and it recovered perfectly.

I have previously reported the radical cure of hernia into the cord in a one day old infant, in the *BRITISH MEDICAL JOURNAL*, and this case seems to have been one of a persistent Meckel's diverticulum, though I am not sure that it was not an enlarged appendix which had perforated. There was no sign of any appendix on the excised caecum.

The only points worthy of note are that a newly-born infant bears the handling of its intestine well and, as far as one can tell, does not feel pain, the infant quietly sucked a sugared teat while its intestine was being stitched.

Flaistow, E.

A. E. KENNEDY,  
Honorary Surgeon, Maternity Charity.

#### A CASE OF MESOTAN ERUPTION.

THE following case came recently under my observation, the patient being a lady, aged 39, with a fair complexion and a skin of very fine texture.

*History.*—She had suffered from a mild attack of rheumatism, which had affected chiefly the feet and ankles, and also the metacarpophalangeal joint of each thumb. She had been treated with salicin, and afterwards with alkalies, with only a moderate degree of benefit, and at length an embrocation, consisting of mesotan and olive oil in equal proportions, was prescribed, with instructions that it should be very gently applied to the feet and ankles. In about ten or twelve days a rash appeared, not only on the parts to which the embrocation had been applied, but also on the arms, and it was on account of this rash that the patient sought advice.

*Appearances Noted.*—The parts implicated were the extensor aspects of the arms from a little above the elbow to halfway down the forearms, the right arm being more extensively involved than the left, and the outer aspect of the right lower leg. The eruption presented much the same appearances in all the lesions—namely, a pinkish-red colour, somewhat mottled, deepest in tint towards the centre, and fading rapidly at the edges into the colour of the normal skin. It was a simple erythema, without infiltration or vesiculation, and the chief trouble it caused was intense burning and itchiness. She said the embrocation had not really been rubbed in, but only smeared over the ankles, and she was satisfied that it had been of service as far as the rheumatism was concerned, but she considered the resulting burning and pruritus a somewhat heavy penalty to pay for such benefit.

*Treatment and Result.*—She was advised by me to continue taking the alkalies—citrate and bicarbonate of potassium—to stop the use of the embrocation, and to paint the inflamed parts with a lotion of calamine and oxide of zinc. In the course of a few days the redness disappeared, and in a few days longer the unpleasant sensations had likewise ceased.

*REMARKS.*—Both in regard to appearance and sensations the case answers to the description of mesotan rash given by Pollitzer of New York in a paper which he read before the American Dermatological Association in 1903.<sup>1</sup> The paper, which was afterwards published, contains details of two cases of rheumatism, both in elderly men, in whom the use of mesotan brought out eruptions of a much more severe character than that in my patient. In one of them the drug had been applied in full strength, and persevered with even after the rash had disappeared, with the result that vesicles developed which on rupture and drying left crusts. This second case ran much the same course, but, the mesotan having been diluted with olive oil, the dermatitis was not so severe. Both cases were treated successfully with ichthyol, dusting powders, and Lassar's paste, *sine salicylic acid*, but the patients suffered severely while the condition lasted. It is to be noted that the rheumatism was relieved in both cases. Besides detailing his own cases, Pollitzer in the same paper quotes a few instances of others which had been published.

There can, I think, be little doubt of the value of mesotan in the treatment of rheumatism, but that its use requires caution and careful supervision is clear. I am not sure whether it is much in use in this country or not; so far this is the only case of the kind I have seen, and if others besides those of Pollitzer's have been published they have escaped my notice.

DAVID COUPER, M.D. Glasg.,  
Physician in Charge of the Skin Department,  
Victoria Infirmary, Glasgow.

#### PURULENT PERITONITIS AFTER PNEUMONIA.

ON January 4th E. L., a child, aged 6, developed lobar pneumonia; on the eighth day crisis took place. Convalescence was slow, and the child remained in a languid state till January 27th, when the abdomen became suddenly much distended, and there was distinct evidence of fluid. I tapped at once, and drew off 3 pints of pure pus. On January 30th the fluid reaccumulated, and the child was admitted to the Cottage Hospital. There the abdomen was opened by Mr. Crabtree; a further large amount of pus was evacuated, the peritoneal cavity washed out, and the wound allowed to granulate. From the crisis at the date mentioned to the time of operation, more than three weeks later, the temperature never exceeded 100°.

A specimen of the pus was sent to H. S. Willson, M.B., D.P.H., Lecturer on Bacteriology, King's College, London, who reported as follows:

Smear preparations stained with methylene blue showed a few encapsulated diplococci among the pus cells. They stained well by Gram's method. No other organism was seen. A loopful of pus spread on glycerine agar, and incubated at 37° C. for twenty-four hours,

<sup>1</sup> A New Drug Eruption of the Iodoform Type. *Journal of Cutaneous Diseases*, October, 1903.

yielded a pure culture, the colonies being typical of the diplococcus pneumoniae—that is, small, discrete, transparent, and faintly visible; 1 c.cm. of the pus was injected into the peritoneal cavity of a guinea-pig. For a day or two the animal seemed somewhat ill and inactive, but soon recovered. It was killed twelve days after inoculation and examined. The internal organs were normal, there were no signs of peritonitis, and no organisms could be found in or cultivated from the blood, spleen, etc. Guinea-pigs are not the most susceptible of animals to the diplococcus pneumoniae; but the absence of pathogenic action indicated that this particular organism possessed very little virulence.

Dr. Willson concluded his report by saying that cases of pneumococcal peritonitis were rare, and that in view of its clinical features and successful result, the present case seemed well worth recording.

Weybridge.

JOHN J. POWELL.

## REPORTS

ON

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

#### THE LONDON HOSPITAL.

##### UTERINE FIBROID REMOVED FROM A PATIENT AGED 20.

(Reported by HENRY RUSSELL ANDREWS, M.D., B.S.Lond., M.R.C.P., Assistant Obstetric Physician to the Hospital.)

UTERINE fibroids at the age of 20 are sufficiently rare to warrant the recording of this case.

*History.*—R. A., a Jewess, aged 20, came to the out-patient department on January 25th, 1905. She had been married about a year, and had had a miscarriage five months after marriage. Four months ago, before presenting herself at the London, she had been admitted into a special hospital on account of an abdominal tumour. Abdominal section was performed, but she was told that nothing had been removed, and that time would show what the tumour was. She understood from this that the abdominal tumour was the pregnant uterus. She came to the London Hospital to know whether she was pregnant or not. The tumour had been increasing in size rapidly since the operation, but she had noticed no fetal movements. Menstruation was regular. For the last three weeks she had been troubled by morning vomiting.

*Condition on Examination.*—A smooth, elastic, slightly movable tumour was found rising out of the pelvis to a point rather higher than halfway between the umbilicus and the ensiform cartilage. No dipping sign could be obtained, no contractions could be felt, and no fetal heart could be heard. There was a median laparotomy scar 5 in. long. The breasts showed no signs of activity. Per vaginam the abdominal tumour was found to be the body of the uterus. *Ballotement* could not be obtained. The cervix was rather blue but was not soft or swollen. A diagnosis of single soft fibroid was made, and the patient was admitted for abdominal hysterectomy.

*Operation.*—Under an anaesthetic nothing further was made out, except that the supravaginal part of the cervix was considerably elongated. A sound passed  $4\frac{1}{2}$  in. on the left side of the mass. On opening the abdomen, the uterus was seen to be regularly enlarged, bluish in colour, and very vascular, looking exactly as if it were pregnant. The body was amputated in the usual way. The patient made an uninterrupted recovery. The uterus, which weighed 4 lb. 5 oz., was found to contain a single soft interstitial fibroid situated in the right side, the uterine cavity, which was considerably lengthened, lying to the left of the tumour. She made a good recovery. Microscopically the tumour was found to consist of fibres many of which had undergone myxomatous degeneration. It was evidently a fibroid, not a sarcoma.

*REMARKS.*—As regards the first operation which this patient underwent at a special hospital, it must be very rare for an operator to be unable to say, after opening the abdomen, whether a uterus large enough to form an abdominal tumour is pregnant or not. In this case, however, it is to be remembered that the abdomen was opened at a time when absolute signs of pregnancy could not be expected. The difficulty of diagnosis must have been considerable. As regards the rarity of fibroids in women of the age of this patient, Dr. Herbert Spencer, in a paper published in the *Transactions of the Obstetrical Society of London*, vol. xl, 1898, collected forty cases of uterine fibroids occurring in young subjects. Only eight of these patients were under 21, and in some of them, as Dr. Spencer pointed out, the evidence as to the nature of the growth was unconvincing.

#### WEST HAM INFIRMARY.

(Reported by Dr. P. R. BLAKE, Assistant Medical Officer.)

##### CASES OF SUCCESSFUL HERNIOTOMY IN THE AGED.

HAVING read with interest the accounts in the issues of the *BRITISH MEDICAL JOURNAL* for January 28th and February 25th

of strangulated herniae successfully treated in the aged, I think that the two following cases treated in this Infirmary may prove of value in justifying operation whatever the age of the patient.

*CASE I.*—S. C., a woman aged 87, was admitted on September 20th, 1903, with an irreducible right femoral hernia; she had had constipation for five days and been vomiting for two days, the vomit on admission having a slightly faecal odour. I operated on her the same day: the patient being anaesthetized with gas and ether, the constriction was divided and the bowel, being in a fairly healthy condition, was returned into the abdomen, the sac being ligatured at the neck and cut off. As the patient was standing the operation well the sides of the ring were approximated with silk sutures, and a radical cure performed. She made an uninterrupted recovery, and was transferred to the Workhouse on December 7th, 1903, when she had no signs of any recurrence of the hernia.

*CASE II.*—S. F., a man, aged 84, was admitted on November 5th, 1904, suffering from an ulcerated leg; he also had an old right inguinal hernia, for which he had worn a truss on and off for twelve years. On the morning of November 29th, I was called up to him at 2 a.m., and found him in severe pain; he had just been to the lavatory, and the pain had come on after straining at stool. On examination of the hernia I found it to be larger than formerly, without impulse, very tender and painful, and apparently tightly gripped in the external ring. I tried taxis and the hot bath unsuccessfully, my impression being that a fresh piece of gut had been forced down on that already existing in the sac. He was retching but not vomiting. At 4 a.m. I decided to operate, gas and ether being given. On opening the sac the gut was found to be perfectly healthy, so after freeing the constriction, it was returned into the abdomen; the sac was ligatured at the neck and cut off. The patient's condition being then quite satisfactory, Bassini's operation for radical cure was performed. He made an uneventful recovery and was discharged from the infirmary on January 19th, 1905, at which time there were no signs of any recurrence of the hernia.

For permission to publish these notes I am indebted to Mr. E. Vallance, my medical superintendent.

#### TYNEMOUTH VICTORIA JUBILEE INFIRMARY, NORTH SHIELDS.

##### SCALD OF THE CHEST TREATED BY GRAFTS FROM THE RABBIT.

(Reported by Mr. LACHLAN FRASER, M.S., Surgeon to the Hospital.)

J. L., aged 4 years, was admitted under my care on December 12th, 1904, suffering from a scald of the chest caused by the application of a linseed poultice.

*Local Condition.*—There was a large foul scald of the third degree covering the front of the chest, and measuring about 9 in. by 5 in.

*Primary Treatment.*—Boric fomentations were applied for a fortnight, and by the end of that period the surface of the ulcer had become covered with granulations of a more or less healthy character.

*Operation.*—On December 26th a rabbit was chloroformed and then shaved over its chest and abdomen; its skin was then cleansed with soap and water and spirit. The child, meanwhile, having been chloroformed, was prepared by Dr. Hislop, who scraped away exuberant granulations and arrested all haemorrhage. I then cut a large number of Thiersch grafts from the rabbit and transferred them direct to the child. The rabbit died before the last three grafts had been taken. The average size of the grafts was about  $1\frac{1}{2}$  in. by  $\frac{1}{2}$  in. They were covered with protective tissue and sterilized gauze.

*Result.*—The case was dressed on the fifth day, when two or three grafts came away; all the rest had taken and gave no further trouble. The child left the hospital, cured, on February 8th, 1905.

*REMARKS.*—The large size of the scald, the small size of the child, and the fact that he was covered from head to foot with impetigo, rendered it difficult to obtain sufficient grafts from the patient himself. The last three portions of skin, which were taken after the rabbit was dead, were amongst the grafts which were successful. Here and there one can see patches of soft fur; for the most part, however, the skin looks much as it did when first removed.

*CEREBRO-SPINAL MENINGITIS IN NEW YORK.*—At a recent meeting of the Health Department of New York Dr. Darlington was empowered to ask the Board of Estimate and Apportionment for a small sum to defray the expense of a commission to investigate the unusual prevalence of cerebro-spinal meningitis, and try to find some remedy, to retard, or, if possible, stamp out the disease. In January, 1904, there were 25 deaths, while in the same month this year there were 107. In February, 1904, there were 26 deaths, while in February, 1905, there were 149.

any institution in which frequent recourse is had to this method of diagnosis. There are of course, too, not a few cases, especially those of suspected renal disorder in which mechanical precision and rapidity of adjustment of the lamp are of material assistance in securing correct results. The price of the couch (which can be obtained from the Sanitas Electrical Co., 7, Soho Square, W.) is at present £35, but this, we understand, will be considerably reduced if any demand for its supply arises, a contingency which does not seem at all improbable.

## MEDICAL NEWS.

DR. EDWARD ROBERTS, one of the Honorary Surgeons to the Manchester Royal Eye Hospital, has been appointed Sheriff for the ensuing year for the county of Cardigan, which is his native county.

A FESTIVAL dinner of the National Hospital for the Relief and Cure of the Paralyzed and Epileptic, Queen Square, W.C., will be held in the Whitehall Rooms, Hôtel Métropole, under the chairmanship of Lord Strathcona and Mount Royal, on Thursday, April 13th.

MESSRS. DUNCAN, FLOCKHART, and Co., of Edinburgh, and 143, Farringdon Road, E.C., have prepared a bibliography, containing references to papers, by English and American authors, on the use of chloride of ethyl as a general anaesthetic. They will send copies to any medical man interested.

THE dinner to be given by the medical staff of the Seamen's Hospital to Mr. Johnson Smith, F.R.C.S., on his retirement after thirty years' service will take place on Wednesday, April 5th, at 7.30 p.m., at the Trocadero Restaurant, Shaftesbury Avenue. Further information can be obtained on application to the Honorary Secretary of the Dinner Committee at the office of the Seamen's Hospital Society, 13A, Cockspur Street, S.W.

THE Akademie für praktische Medizin in Cologne is founded to give post-graduate instruction to medical practitioners who have the advantage of following the practice of the Burger Hospital, 510 beds; the Augusta Hospital, 480 beds; the Lindenburg Hospital, 480 beds; the Children's Hospital, 100 beds; the Ophthalmic Institute, 50 beds; and the Midwifery Training Institute, 70 beds (with 2,500 confinements annually). We are informed that during the first winter term which commenced in October last, 150 German medical practitioners were registered, and that at the end of January a special course for military medical men was attended by 30 staff district officers, and 5 district assistant medical officers sent by the ministry. On May 15th a fortnight's course for foreign practitioners will begin. Lectures will be given on medicine, children's diseases, pathological anatomy, surgery, orthopaedics, gynaecology and obstetrics, dermatology and syphilis, laryngology and otology, ophthalmology, psychiatry, hygiene and biology, and social medicine. Further particulars can be obtained on application to the Secretary of the Cologne Academy, Portalgasse 2, Cologne.

THE EPIDEMIC OF TYPHOID FEVER AT LINCOLN.—The total number of notifications during the week ending Friday, March 24th, was 32, showing a further decline of the epidemic, 46 cases having been notified in the previous week.

ANTICIGARETTE LEGISLATION.—The Wisconsin State Legislature has passed with but one dissenting vote a Bill prohibiting the sale or manufacture of cigarette papers. It is not anticipated that the measure will meet with any opposition in the Senate.

LEPERS IN CANADA.—The annual report presented to the Federal Parliament of the Dominion of Canada by Dr. Smith, Medical Superintendent of the Leper Hospital at Tracadie, New Brunswick, shows that there are now fifteen residents in the institution. Of these ten are males and five females, the youngest patient being 10 years and the oldest 62 years. Chaulmoogra oil has been used during the last two years with some success. Dr. Smith, who has carefully examined the question, expressing the conviction that leprosy is communicable through contagion.

A CONGRESS OF MIDWIVES.—The midwives of Italy are shortly to meet in a national congress to be held at Milan. Intimations of adhesion have been received from the midwives' societies of Turin, Genoa, Milan, Bologna, Florence,

Rome, and Cremona. The municipality of the city and the council of the province of Naples have promised their support. Addresses will be delivered by Professors A. Guzzoni of Messina, E. Pestalozza of Florence, and L. Bossi of Genoa.

THE MEDICAL PROFESSION IN ITALY.—In 1861 the total number of medical practitioners in Italy was 18,947, the proportion to population being 8.8 per 10,000. In 1861 the number had fallen to 18,420, a proportion of 6.6 per 10,000 inhabitants. In 1881 it was 18,950, or 6.6 per 10,000. In 1901 it was 22,168, or 6.8 per 10,000. The distribution of practitioners is somewhat unequal, the proportion being higher in the south (7.7 per 10,000) than in the north (6.1 per 10,000). In the province of Udine the proportion is lower than anywhere else in Italy, there being only one practitioner to 2,831 inhabitants; in that of Naples it is highest, there being two doctors to 732 inhabitants.

BEQUESTS TO MEDICAL INSTITUTIONS.—Mrs. Jane Begley of Hammersmith, widow of Dr. W. C. Begley, late medical superintendent of Hanwell Asylum, amongst other bequests for public uses, left £1,000 to the Provost and Senior Fellows of Trinity College, Dublin, to augment the legacy bequeathed by her late husband for the establishment and endowment of four medical scholarships. She also left £500 to the Royal College of Physicians, £500 each to the West London Hospital and All Saints' Convalescent Hospital at Eastbourne, and £250 each to the Royal Hospital for Incurables, Wandsworth, the Society for the Relief of Widows and Orphans of Medical Men, and St. Mary's Hospital, Paddington. Mr. Edward Crossley of Halifax, formerly M.P. for the Sowerby Division of Yorkshire, who presented the Lick telescope to the Lick Observatory, bequeathed £1,000 to the Royal Halifax Infirmary and £500 to the Royal Isle of Wight Hospital. Miss Ellen Ware of Tunbridge Wells by her will gave £500 each to the General Hospital, Tunbridge Wells, Guy's Hospital, St. Thomas's Hospital, the Hospital for Women, Soho Square, and the Hospital for Incurables, Putney Heath.

ANTIVIVISECTION IN AMERICA.—We learn from *American Medicine* that the Committee on Probate and Chancery of the Massachusetts State Legislature is hearing arguments on a petition for the restriction of vivisection. The Bill is in its essential features the same that was before the Committee last year. It provides that no person shall cause pain to any animal through experiments, except under specified restrictions. These restrictions provide that experiments shall be performed only under authority of the faculty of an incorporated college or university; that the animals shall be thoroughly under the influence of some general anaesthetic, and shall be killed before recovering consciousness if the after-effect of such experiment is likely to prove painful. It is further provided that the Governor, with the consent of the council, shall appoint a commission of three persons, not more than one of whom shall be a registered medical practitioner, whose duty it shall be to inspect laboratories where such experiments are authorized. The Bill also provides that any person who performs such experiments contrary to the provisions of the Act may be sentenced to a term of not more than a year in gaol or to a fine of 250 dolrs., or both.

FRENCH CONGRESS OF CLIMATOTHERAPY.—As has already been announced in the *BRITISH MEDICAL JOURNAL*, the French Congress of Climatotherapy and Urban Hygiene will hold its second meeting at Arcachon, April 24th to 28th, under the presidency of Professor Renaut, of Lyons. The closing meeting will be held at Pau on April 29th. In the Section of Climatotherapy the following questions will be discussed: The climatology of the French Atlantic littoral; pretuberculous and tuberculous cases in relation to forest and marine treatment; sanatoriums and seaside hospitals of the French Atlantic littoral; indications and contraindications of the climate of Pau. In the Section of Urban Hygiene the questions to be discussed are mainly of local interest. Excursions will be made to the forest around Arcachon. Biarritz, Hendaye (Sanatorium) and Fontarabia, Bayonne and Cambo. A reduction of 50 per cent. is granted by all the French railways to titular members (subscription 20 francs) and to their wives and children registered as associate members (subscription 10 francs). The latest date for inscription is April 5th. All applications for membership should be addressed, with the amount of the subscription, to the General Treasurer, Dr. Dechamp, Villa Tibur, Arcachon. For information relative to railway fares, tickets, hotel accommodation, etc., application should be made to the General Secretary, Dr. A. Festal, Villa David, Arcachon.

were satisfied to make their grants to that account. Individual subscribers, and even the whole body of subscribers to a particular hospital were in a different position from that of subscribers to the King's Fund. It must be remembered that the Fund collected many small sums from people who wished to do something for the sick poor, but who had no special interest in any one hospital, or in anything but the ordinarily-accepted objects of the hospitals. While this subject of medical schools remained in doubt, while they were assured that for various reasons it was in the interests of the sick poor that the hospitals should assist in maintaining the schools, they were entitled to accept that view, and they did so. But now that they had in their hands the report of Sir Edward Fry's Committee they were bound to act upon its recommendations, and to reconsider the policy which they had hitherto followed. He trusted that in the near future the result of their action would be of benefit not only to the hospitals but to medical education as well. The Committee had pointed out that while the final studies of a medical student could only be pursued within the walls of a hospital, the teaching of the preliminary and intermediate subjects were more properly carried out in an institution of a university character, and it expressed great satisfaction to find that the statutes of the University of London directed the Senate to "use its best endeavours whenever practicable to secure such common courses of instruction for internal medical students in the preliminary and intermediate portion of their studies under appointed or recognized teachers at one or more centres." He was glad to know that the Senate had already put forward a scheme for the establishment of an Institute of Medical Sciences in connexion with the University of London. It was to be hoped that the public would generously support the appeal which had been made for the funds necessary to build and equip such an institute, and thus assist the University in its efforts to provide in London a medical education unrivalled throughout the Empire. He had observed with satisfaction that since the issue of the report of the Committee, Mr. Alfred Beit had made a very generous addition to the large donation which he had previously promised to the Institute Appeal Fund.

The Prince of Wales having concluded his address with a reference to the obligations of the Fund to its various officers, Mr. JOHN TWEEDY, President of the Royal College of Surgeons, said that it was unnecessary for him to add anything to the arguments His Royal Highness had employed with respect to the two important questions dealt with in his speech—namely, the amalgamation of the smaller hospitals, and the very important question of the separation of the earlier medical studies from the hospitals. Personally he agreed with His Royal Highness that if this separation were effected, not only would it benefit the hospitals as medical charities, but he was confident it would benefit medical education as well. The two parts of medical studies were quite separate. The preliminary science studies, and studies such as anatomy and physiology, were entirely distinct from the clinical studies. He hoped that, if not within the next year certainly as soon as practicable, this important separation would be carried out, and then in London they would have medical education placed upon the footing which was so much to be desired, and the absence of which those most interested in medical education had had occasion to regret for so many years past.

After some remarks by Mr. E. CORNWALL (Chairman of the London County Council), in exemplification of the value of the Fund and the absolute necessity of hospitals, a vote of thanks to H.R.H. the President was moved by the Rev. T. BOWMAN STEPHENSON, seconded by Sir WILLIAM COLLINS, and carried by acclamation.

The PRINCE OF WALES having briefly expressed his acknowledgements, the proceedings terminated.

## CONTRACT MEDICAL PRACTICE.

### NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practices will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 87.

## LITERARY NOTES.

THE April number of the *Musical Times* will contain an illustrated biographical sketch of Manuel Garcia. The portraits will include a reproduction (as a special supplement) of that painted by Mr. John Sargent, R.A., and of another taken fifty years ago, about the time the laryngoscope was invented. The number will also contain portraits of the centenarian's father and of his sister, Madame Malibran. A sketch by Richard Doyle of the late Sir Charles Hallé and Garcia playing chess will also be reproduced for the first time.

The *House Beautiful* for March is full of interest. It contains an article on the feeding of infants, by Mrs. Ernest Hart, and an illustrated article on the house of Sir Lawrence Alma-Tadema, R.A. There are also some beautiful illustrations of armoires and cabinets, the work of André Charles Boulle.

The *Canada Medical Record*, together with its editor, Dr. Francis W. Campbell, has been absorbed into the *Montreal Medical Journal*. The *Record* had existed for thirty-three years, and during the whole of that period it had been under the direction of Dr. Campbell. The cause of its demise is, according to Dr. Campbell, the old one—want of money. As an illustration of the difficulties with which he had to contend, he mentions a fact scarcely creditable to his subscribers: that, of a list of a thousand, not fifty paid the subscription, which was only one dollar a year.

Professor Osler's joke that failed has inspired an Oxford bard, who is probably a future brother professor, to the following deliverance:

Brother, I am sixty-one,  
So my work on earth is done;  
Calm should follow after storm—  
Reach me down the chloroform.

It will be noted that the poet by his own admission has already over-passed the farthest limit allowed to professors. Doubtless, however, the slight extension of the lease of life has been granted in compliance with the exigencies of the rhyme.

The Hon. John Collier, who, though best known to fame as a portrait painter, is Huxley's son-in-law, discussing the question of compulsory classics in the current *Cornhill*, says the curious thing is that the average head master is quite genuinely solicitous that the boy with good brains should not waste them on science. He seriously believes that the study of Greek is a better exercise for a superior brain than the study of Nature, and he often succeeds in imparting this belief to the best of his pupils. When one considers the relative importance in the modern world of the classical scholars and of the men of science, it is difficult to take this belief seriously, but it undoubtedly exists. There is an authentic anecdote which displays it, in a somewhat excessive form, but which is valuable as an illustration. Many years ago Professor Huxley delivered a lecture to the boys of Harrow School. An eminent classical master was met by a friend as he came away from the lecture. The classicist explained his presence at the lecture somewhat apologetically with the words: "I just went to see what this Natural Science was like. There's nothing in it!" The classical scholars now speak a little more respectfully of the intruder, but Mr. Collier doubts whether the attitude of mind has much changed.

The *Maryland Medical Journal* has in preparation "a special 'Osler Memorial Number,' which will be published on June 1st.

The *Outlook*, in a review of Sir Frederick Treves's book, *The Other Side of the Lantern*, remarks that the volume, though having an index, is, as might be expected, without an appendix.

At a recent meeting of the Paris Academy of Medicine Professor Chantemesse referred to some anticipations of modern theories as to the part played by insects in the propagation of infectious diseases. In a thesis presented to the University of Montpellier in 1814, Boursin, with the object of protecting those who go down to the sea in ships against such diseases, recommended that all openings should be closed at night with sashes filled with bunting. Fonssagrives took up the idea, substituting for the bunting metallic network with fine meshes, which he thought would filter the air. At Fort-de-France, in 1821, an epidemic broke out on board the French brig *Euryale*; a commission was appointed to inquire into the origin of the infection, and its report concluded with a recommendation that the ship should be fumigated; "not so much with the object of purifying the corrupt

The Irish Poor-law medical officers will take greater interest in the British Medical Association when they recognize the fact that there is not only no antagonism between it and the Irish Medical Association, but that the British Medical Association has given, and, we trust, will always continue to give until the desired end is reached, a whole-hearted support to the efforts which are being put forth by the Irish Medical Association to have the grievances under which the Poor-law medical officers groan redressed. Anything which obscures this issue now will do irreparable harm. We in Ireland, whether members of one or other or of both Associations, desire and require peace and unity amongst ourselves in order to work out our salvation; unfortunately at the present time it looks as if Surgeon-General Evatt's report has brought disruption and the sword. Let us pray that these evils may be averted.—I am, etc.,

Dublin, March 28th.

ARTHUR H. WHITE.

## OBITUARY.

THE death took place on Thursday, March 16th, at the Mount, Caerphilly, of Dr. MAURICE GRIFFITH EVANS, J.P., in his 74th year. He had been suffering from paralysis for some months. Dr. Evans was the son of the Rev. Daniel Evans, Vicar of Llangolman, and commenced a medical career as an apprentice to his uncle, the late Dr. Philips, of Newcastle Emlyn. He afterwards proceeded to Guy's Hospital, and became M.R.C.S., L.M., and L.S.A. in 1853. Six years later he graduated M.D. at King's College, Aberdeen. Before settling in practice he served as Resident Surgeon and Apothecary at the Western General Dispensary and in a corresponding position at the Marylebone Infirmary. On the termination of this preliminary work he established himself at Narberth, whence, some years later, he moved to Cardiff. In the latter town he practised for some seventeen years with very marked professional and financial success. At the time of his retirement from ordinary work, some twelve years ago, he had attained the position of Consulting Physician to the Brecon County and Borough Infirmary, in the affairs of which he exhibited a marked interest throughout the remainder of his life. He always took a considerable part in public affairs, and he will long be remembered at Caerphilly as a strong magistrate, who took special interest in the protection of animals from unfair usage. He was President of the Cardiff Medical Society in 1881 and 1882, and as long as he was able to get about was a constant attendant at meetings of the British Medical Association, and even attended the gathering at Montreal in 1897. He was an excellent conversationalist, and always ready to assist in every deserving cause, and a very loyal friend, and hence will be much missed by many both in and out of the profession, in spite of the comparative retirement in which he had latterly lived. He was twice married, and is survived by his second wife. He never had any children of his own, but played the part of father to his younger brothers, who were deprived of their natural guardians while still very young. The funeral took place at Caerphilly in the presence of a large number of private friends and representatives of local bodies.

DR. ALBERT B. CRAIG died on March 14th at his home in Philadelphia of cerebro-spinal meningitis, contracted from a patient. Summoned to the bedside of a patient suffering from the fulminant type of cerebro-spinal meningitis, and his sympathies aroused by the absence of all friends and the serious condition of the patient, he gave himself literally night and day in the patient's service. The loss of sleep, the mental strain, the extraordinary fatigue, with the exposure to infection, constituted risks of which he was fully aware. Upon the onset of his symptoms he diagnosed his own case, bravely set his affairs in order, prepared his bride of but five months for the probable end, and to the last moment of consciousness sought to strengthen her for her coming trial. Although everything known to medical science was done to save his life, the progress of the disease was so rapid that he succumbed in ten hours. He graduated at Jefferson Medical College in 1901, and was looked upon as one of the most promising men in the profession of the United States. He was connected with the late *Philadelphia Medical Journal* for one year, leaving it on the foundation of *American Medicine* to join the staff of that journal, of which he was subeditor and collaborator till the time of his death. He was formerly a resident of Jefferson Hospital, and at the time of his death

was an Assistant in the out-patient department of that institution, and Demonstrator of Anatomy and an Assistant Demonstrator of Surgery of the Jefferson Medical College.

LIEUTENANT-COLONEL HENRY WILLIAM ALEXANDER MACKINNON, D.S.O., Army Medical Staff, retired, died at Weybridge on March 23th, aged 63. He was appointed Assistant Surgeon, October 2nd, 1865; became Surgeon, March 1st, 1873; Surgeon-Major, October 2nd, 1877; was granted the rank of Lieutenant-Colonel, October 2nd, 1885; made Brigade Surgeon-Lieutenant-Colonel, March 10th, 1892; retiring from the service, October 26th, 1895. He was in the Egyptian war of 1882, being present at the battle of Tel-el-Kebir, where he was slightly wounded (medal with clasp and Khedive's bronze star). He was also in the Burmese campaign in 1885-6 with the Upper Burmah Field Force, part of the time as Principal Medical Officer (mentioned in dispatches, made a Companion of the Distinguished Service Order, and received a medal with clasp).

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Surgeon-General Ernesti, of Potsdam, who was often consulted by the German Imperial Family; Dr. Clément Juglar, Member of the Académie des Sciences Morales et Politiques, sometime President of the Paris Statistical Society and author of numerous works on political economy, aged 85; Professor Julius Alberti, Senior Surgeon of the St. Joseph Hospital, Potsdam, aged 56; Professor Johann Hjort, of Christiania, a leading Norwegian ophthalmologist; Dr. Wilhelm Schulek, Professor of Ophthalmology in the University of Budapest, aged 62; Dr. Walter S. Christopher of Chicago, sometime Professor of Medicine in the University of Michigan, and later of Diseases of Children, one of the foremost "pediatricians" (we have to thank the *Medical News* for teaching us that word) in the United States, aged 46; Dr. Paul Garnier, one of the leading French authorities on mental diseases, and author of numerous contributions to the literature of his special province, aged 56; Dr. Gaetano Strambio of Milan, formerly Professor of Descriptive Anatomy (a textbook of which he published), President of the Othotherapeutic Institute, Secretary of the Royal Lombard Institute of Science and Letters, and for twenty years editor of the *Gazzetta Medica Lombarda*. Dr. Joens of Kiel, well known as a medical statistician, aged 89; and Dr. Cunha Bellem, a prominent sanitarian of Oporto, author of numerous writings on military hygiene, on the prophylaxis of phthisis in the army, on cholera, etc.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### IMPERIAL YEOMANRY RECRUITS.

SURGEON-LIEUTENANT-COLONEL R. R. SLEMAN (Volunteer Ambulance School of Instruction) informs us that by paragraph 246 of the Imperial Yeomanry Regulations a fee of 2s. 6d. is allowed for the examination of each recruit, except when the regimental medical officer is in camp.

### ARNOTT MEMORIAL GOLD MEDAL.

CAPTAIN T. C. MACKENZIE, D.S.O., Royal Army Medical Corps, has been awarded the Arnett Memorial Gold Medal for 1903. The medal was founded in 1900 by Mr. David Arnett as a memorial to his father, the late Sir John Arnett, Bart., to be given to an Irish medical graduate who, during the three previous years, had performed or accomplished the most conspicuous act of heroism or distinguished service, either in civil life or in the naval or military service, at home or abroad. Of the five occasions on which the medal has been awarded, the present is the third on which it has been won by an officer of the Royal Army Medical Corps.

### ROYAL NAVY MEDICAL SERVICE.

#### Dental Surgeons.

THE undermentioned gentlemen have been appointed Dental Surgeons to the Naval Forces, and have been appointed for duty at Chatham, Portsmouth, and Plymouth respectively:

Mr. Victor Edwin Mills.  
Mr. Bannar Harry Martin.  
Mr. Albert Harris.

### THE R.A.M.C. (VOLUNTEERS) AND SOUTH AFRICAN HONOURS.

IT is stated that the Army Council has decided that South African war honours cannot be granted for the Royal Army Medical Corps (Volunteers). We should like to know why. The then Volunteer Medical Staff Corps sent out numbers of men from all the companies to South Africa during the war, and their services were so highly appreciated that the title of corps and the ranks of officers were changed in consideration of the valuable services rendered during the war. Why the permission to bear South African war honours, a permission granted to every other Volunteer corps that sent a contingent to South Africa, should be refused to the Royal Army Medical Corps Volunteers is very difficult to understand. We hope that it does not mean that the Army Council intends to continue the snubbing tactics in relation to all things medical that used to characterize the unregenerated War Office.



## MEDICO-LEGAL AND MEDICO-ETHICAL.

### THE ADVERTISING OF HYDROPATHIC ESTABLISHMENTS.

W. H. B.—The circular sent to us seems to be one of the less objectionable acts on the part of an institution concerning which, as a class, there has been some well-founded complaint. So far as we know, the circular was issued to the medical profession only, and corrects a mistake in the *Medical Directory*. It does not seem to be a matter worthy of further comment.

### VALUE OF A PRACTICE.

ONCE BITTEN TWICE SHY writes: In your columns I notice the remarks you print from "A Practitioner, not an Agent," and as I have within the past twelve months been into two practices and out of one, I think I can affirm the truth that there are hundreds awaiting to purchase good practices. To be more exact, I might say that there are probably two or three hundred men trying to purchase a genuine practice, but, on the other hand, there are twice as many anxious to sell practices of a sort. My experience has been that a really good genuine practice, like most good things, is not only very difficult to find, but, moreover, will fetch a year and a half's purchase easily. Most other medical men will agree with me that but few genuine practices come into the common market, as they are generally snapped up by someone "in the know," and this is doubly true of partnerships.

### FRIENDLY SOCIETY APPOINTMENTS.

BETA writes: There has been some agitation in a Friendly Society for a change of medical officer, and another medical man has been asked to allow his name to be put forward at the annual election of officers, which has usually been a formal procedure. What is the proper course to be adopted: (1) To allow such a competition, or (2) ought the medical man requested to come forward to refuse to do so until the present holder has vacated the post?

\*.\* The latter is the only alternative. If the annual election is, as is usually the case, only a formal procedure, it would not be in accordance with medical etiquette for any practitioner to come forward as a candidate against the present holder.

### INQUEST FEES.

IGNORANT writes us as follows: A tradesman meets with an accident, and is brought to a hospital, where he is admitted as a paying patient, and placed in a private ward. The patient dies within an hour of his admission, and an inquest is held. Is the resident medical officer, if summoned to give evidence, entitled to a fee for so doing? The coroner of this district, who is aware that I am writing to you, tells me that not within his knowledge has the point ever been raised as to whether a coroner should distinguish between paying and free patients in a general hospital in deciding whether a medical witness is entitled to a fee.

\*.\* On reference to Subsection 2, Section XXII, of the Coroners Act, 1887, our correspondent will see that no distinction is made between paying and non-paying patients who may happen to die in a public hospital, and upon whom an inquest is held. We are advised that no fee would be payable for medical evidence given at the inquest in the case above mentioned.

### A HALIFAX INQUEST.

M.B., C.M., writes to complain that the coroner, when holding an inquest on a patient of his whom he had attended for many years, and with whom he had been the night before death (due to suicide), failed to summon him to give evidence, more especially as the coroner had been previously informed that he could give important evidence as to the state of mind of the deceased man shortly before his death. The result was that an open verdict as to the deceased's mental condition was returned. Our correspondent is also annoyed at the coroner's observations regarding himself, made in his absence.

\*.\* We notice that the local paper contains a letter from our correspondent which calls public attention to the matter, and justifies his statements. We would advise that should a similar case occur he should attend the inquest, which is an open court, whether summoned or not, and tender his evidence, which the coroner cannot refuse to hear if it is pertinent to the case. By this means an opportunity is given, by correcting at the time any statement or remarks that may convey false impressions before they are published, and saving further correspondence in the press. From what our correspondent says in his communication to us, there is little reason to doubt but that had he given evidence in the case the jury would have been satisfied that the deceased was at the time he took his life of unsound mind.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF LONDON.

The Council of King's College have elected Mr. Peter Thompson, M.D., Ch.B. Vict., as Professor of Anatomy; and Professor Arthur Dendy, D.Sc., of the South African College, Capetown, as Professor of Zoology.

### FACULTY OF MEDICINE.

A meeting of the Faculty of Medicine was held at the University, South Kensington, on Friday, March 24th, at 5 p.m. Dr. J. K. Fowler, the Dean, occupied the chair, and there were sixty-three members present.

### Senatorial Election.

Dr. Lauriston E. Shaw was elected to represent the Faculty on the Senate for four years from May next in place of Sir Cooper Perry, whose period of office expires on that date. A vote of thanks was given to Sir Cooper Perry for his services as Senator during the past four years.

### Institute of Medical Sciences.

The Dean announced that Mr. Alfred Beit had promised to increase his donation towards the fund for building and endowing a University Institute of Medical Sciences from £5,000 to £25,000. A vote of thanks to Mr. Beit was carried by acclamation.

### Visit of British Physicians and Surgeons to Paris.

The Faculty approved of a proposal that on the occasion of the return visit of British Physicians and Surgeons to Paris in May next the Dean of the Faculty of Medicine should take some special steps to do honour to the memory of Pasteur.

### Pass Lists.

It was resolved that in the opinion of the Faculty it was advisable that pass lists of Bachelor's degrees should be issued in alphabetical order and without classification.

### Boards of Studies.

It was resolved that it was desirable that members of Boards of Studies associated with the Faculty of Medicine should retire in accordance with some definite plan, and a Committee was appointed to propose a plan and submit it for the approval of the Faculty.

### VICTORIA UNIVERSITY OF MANCHESTER.

The following candidates were approved at the March examinations in the subjects indicated:

*Second Examination: Anatomy and Physiology*—J. W. Bride, G. W. Bury, H. Coppock, D. J. Dakeyne, J. A. Fairer, F. Hall, F. Hartley, R. Lakin, P. Moran, W. Nightingale, Alice Oberdofer, G. Rainford, R. Robertson, D. Rodger, Elsie M. Royce, V. Southwell, H. E. R. Stephens, J. V. Steward, T. W. Todd, F. D. Walker, G. B. Warburton, H. Whitehead.

*Materia Medica and Pharmacy*—T. E. Dickinson, W. P. Moffet, S. Rawlinson.

*Final Examination: Part I.*—C. Brown, T. G. Burnett, P. J. Harris-Jones, A. W. Howlett, R. Nightingale, H. B. Parr, F. L. Pollard.

*Part II.*—F. L. Boag, A. Cambell, Catharine L. Corbett, J. B. Dalton, \*G. D. Dawson, R. L. Ferguson, H. E. Fox, W. H. Hey, R. W. Higson, E. Hulme, T. W. Lonsdale, G. G. Parkin, J. Smalley, H. Thorp, D. Walker, \*E. M. Wilkins, J. S. Young.

\* Honours, Second Class.

### SOCIETY OF APOTHECARIES OF LONDON.

#### Midwives Act.

At a meeting of the Court of Assistants, held on March 21st, the following resolutions were adopted:

1. That steps be taken to urge upon the Government the desirability of the amendment of the Midwives Act, 1902, in the following respects:

- (a) By a provision for payment by the local authority of members of the medical profession called in by midwives in cases of danger or difficulty, as defined by the rules framed by the Central Midwives Board.
- (b) By provision for payment to the members of the Board of their reasonable travelling expenses and other disbursements incurred in connexion with their duties.

2. That a copy of the above resolution be sent to His Majesty's Privy Council.

A vote of thanks was passed to Mr. E. Parker Young for his services as the representative of the Society upon the Central Midwives Board during the last two years. Mr. Parker Young, in acknowledging the vote, explained that during his term of office he had been present at every meeting of the Board, and had signed nearly 10,000 midwives' certificates. Subsequently, Mr. Parker Young was re-elected as Representative for another year.

#### Gillson Scholarship.

The report of the adjudicators for the Gillson Scholarship in Pathology, of the annual value of £90, was considered and adopted, the successful candidate being Mr. E. W. Ainley Walker, M.A., M.D. Oxon.

## PUBLIC HEALTH

### AND

## POOR-LAW MEDICAL SERVICES.

### CARE AND CONTROL OF IDIOTS AND EPILEPTICS.

The Royal Commission on the Care and Control of the Feeble-minded held a further meeting on March 27th.

Mr. T. H. FISCHER, K.C., a Master in Lunacy, said that in the great majority of cases which came before the courts adequate control over the lunatic had to be obtained indirectly, that was to say, by directions as to the application of the lunatic's property. He could offer no opinion as to what should be done when the lunatic possessed no property. It was quite true that the law was at present inadequate to protect lunatics not actually certified as such. He had had to interfere recently in a case in which a man bought some property for some £600 a year and agreed to pay £1,000 a year ground rent, leaving his family starving. The proceedings necessary in such cases to declare a man a lunatic cost about £30, but might be more. He did not see how people of feeble mind could be prevented marrying, except by an Act of Parliament. The inquiry into the mental condition of such a person should be public; no more objection, if as much, could be raised to the publicity of such inquiries than to those in the divorce court.

Dr. R. BRAYN, Medical Superintendent of Broadmoor Asylum, said that there were a good number of individuals at large who were either mentally or morally defective, but who did not come at present within the scope of lunacy laws. They were a source of danger to the public as well as an anxiety to their friends. The unconditional discharge of weak-minded criminals as at present in practice was contrary to the public interest. Agricultural colonies should be established in which weak-minded criminals might be subjected to a course of discipline and treatment adapted to their requirements. Such a system had been in use with regard to patients discharged from Broadmoor for many years and with great success.